

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25560

1. PLACE OF DEATH  
 County Ray Registration District No. 743  
 Township Orwick Primary Registration District No. 5978  
 City (No. St. Ward)

2. FULL NAME William Edward Knutter  
 (a) Residence. No. St. Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Fay Knutter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-30-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
26 8 16

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farm Hand  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lawson  
 (STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER John C Knutter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bernangy  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carrie Mulley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawson  
 (STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Carrie Thompson  
 (Address) Orwick Mo

15. FILED July 18, 1929 L. E. Ellis  
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 9:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Homicide  
Bullet wound in left chest  
173 (duration) yrs. mos. ds. 50 x min

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Geo. W. Gaimes, M. D.  
 (Address) Rayville Mo

\*State the DISEASE CAUSING DEATH, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cemt - near  
 DATE OF BURIAL 7-18 1929

20. UNDERTAKER G. D. Gibson  
 ADDRESS Orwick Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

